



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

(Please Print or Type)

Section I

Name of Candidate or Political Committee and Chairperson WALLY WRIGHT		Office Sought (if candidate) STATE SENATE	District (if any) 5
Mailing Address 8075 S. RIVERSIDE HARBOR	<input type="checkbox"/> Check if address change. City and Zip POST FALLS 83854	Home Phone 208-773-1033	Work Phone 699-1099
Name of Political Treasurer JOANNA SHARON			
Mailing Address 3946 JEFFREY PINE LN.	<input checked="" type="checkbox"/> Check if address change. City and Zip COEUR D'ALENE 83815	Home Phone 208-667-5767	Work Phone —

Section II**TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from JAN 1 / 2003 through Dec 31 / 2003

- | | | |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> Annual Report | |

Is this Report an amendment? ☐ Yes ☐ No

Is this a Termination Report? ☒ Yes ☐ No

Section III**STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES**

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

- ☐ I hereby certify that I have received no contributions and have made no expenditures during this reporting period from _____/_____/_____ through _____/_____/_____.

Section IV**SUMMARY**

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ XXXXXX	\$ - 0 -
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 291.93	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ - 0 -	\$ 21,313.40
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 291.93	\$ 21,313.40
Line 5: Total Expenditures (Enter amount from page 2)	\$ 291.93	\$ 21,313.40
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ - 0 -	\$ - 0 -

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Section V**CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

Contributions Pledged during this reporting period but not yet received: ☐ None ☐ \$ _____ (see attached Schedule C-2A)

Incurred Expenditures during this reporting period but not yet paid: ☐ None ☐ \$ _____ (see attached Schedule C-2B)

Section VI**CERTIFICATION**

Return This Report To:
Pete T. Cenarrusa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

I JOANNA SHARON, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Joanna Sharon
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>WALLY WRIGHT</u>	Report Covering the Period From <u>1/1/03</u> to <u>12/31/03</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number _____	Total Amount \$ _____
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UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number <u>8</u>	Total Amount \$ <u>50.11</u>
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	Total This Period
____ Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>- 0 -</u>
____ Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>50.11</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>241.82</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>291.93</u>

SCHEDULE B
ITEMIZED EXPENDITURES
of Twenty-Five Dollars (\$25.00) or more this period

Page of

Name of Candidate or Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1/31/02	1. Mail Boxes Etc. 1602 Seltice Way Ste. A Post Falls, Id. 83854	\$ 241.82	
Purpose of Above Expenditure: Stamps, office supplies, meter mail, copies + Fax			
	2.	\$	\$
Purpose of Above Expenditure:			
	3.	\$	\$
Purpose of Above Expenditure:			
	4.	\$	\$
Purpose of Above Expenditure:			
	5.	\$	\$
Purpose of Above Expenditure:			
	6.	\$	\$
Purpose of Above Expenditure:			
	7.	\$	\$
Purpose of Above Expenditure:			
	8.	\$	\$
Purpose of Above Expenditure:			
	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 241.82	\$
Total This Page (add columns A & B)			\$ 241.82